

Considering the frequent presence of an organic factor in the production of stasis it is important that these cases be followed up after the termination of pregnancy to make sure that a chronic condition is not left untreated or uncured.

Differential diagnosis from appendicitis is frequently necessary.

Urological treatment should not be too long postponed. Ureteral dilatation, with pelvic lavage, usually results in rapid amelioration of symptoms. Sometimes the use of an indwelling ureteral catheter is desirable. It may be left in place for many days if necessary. It should never be necessary to terminate a pregnancy because of pyelitis.

In conclusion, we wish to emphasize the need of using all available means to really cure every case of pyelitis.

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Medicine

Psittacosis.—The number of cases of "parrot fever" which have occurred in this country during the past few weeks has not been large enough to cause serious concern, but the novelty of the malady is such that the reports have had a high news value.

The disease has been known for at least fifty years, and is described in all the standard textbooks dealing with tropical medicine. Perhaps the earliest description of the disease was written by Ritter in 1879, at which time he called attention to the factor of contact with an infected parrot. It was defined as "a fatal specific epizootic disease" affecting parrots, and liable to be communicated to human beings. An incubation period of from seven to twelve days ushers in a typhoid-like condition sometimes beginning with a chill, though more often the onset is insidious. The duration averages from fifteen to twenty days unless pneumonia develops. This is a frequent and much to be dreaded complication. Almost all fatalities occur in pneumonic cases, where the mortality is found to have been between 30 and 40 per cent in some outbreaks.

Among recorded epidemics, the European one of 1892 would appear to be the most extensive. A shipment of 500 parrots had been made from South America to Paris. Of these, 300 died on the journey, but in spite of this the surviving 200 were sold. Within a month forty-nine cases of psittacosis were reported, with sixteen deaths.

During the next ten years nine smaller epidemics occurred in Europe, and one in New Hampshire, U. S. A.

During the present winter Berlin has reported more than twenty cases, with three deaths, and fifteen cases have been reported from other German cities. On January 16 the importation of parrots into North Germany was prohibited, the embargo to be effective immediately. On January 24 the importation of parrots from South America was forbidden by President Hoover on

the recommendation of Surgeon General Hugh S. Cumming. Not only the present epidemic but all previous ones, both in Europe and America, have been traced to parrots imported from South America.

The difficulty of an early diagnosis is recognized, and one textbook naively remarks: "The diagnosis is to be made by the discovery of sick parrots in houses in which people are suffering from typhoid-like fever and pneumonia."

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Gall-Bladder Disease Causes Most "Stomach Troubles."—"The most frequent single cause of 'stomach trouble' was disease of the gall bladder," Dr. Walter C. Alvarez of the Mayo Clinic, Rochester, found in five hundred consecutive cases of indigestion or abdominal distress reviewed before the American College of Physicians meeting at Minneapolis.

"Actual disease of the stomach could be demonstrated in only twelve of the five hundred cases," Doctor Alvarez stated. "As Dr. W. J. Mayo long ago pointed out, the stomach often serves as a fire box to call attention to a conflagration elsewhere in the body. In many of these patients the fire was far away, in the brain, the teeth, the thyroid, lung, heart, spine, kidney, bladder, uterus, or blood vessels."

Definite disease of the digestive tract, such as inflammation of the gall bladder, ulceration or cancerous changes in the intestines and stomach, or appendicitis was found in 175 cases or one-third of the total number.

"In forty-three cases the indigestion was thought to be due primarily to nervousness and in fifty more it appeared to be due to the congenitally frail, sensitive, or psychopathic make-up of the patient." Doctor Alvarez said. "In a number of cases it was due to the fact that husband and wife were at swords' points and the meals were being eaten to the accompaniment of bitter words. Often the patient was so nervous, and querulous, or so badly upset by fatigue and worry that it was hard to know what significance to attach to the symptoms, and the operation which would have been prescribed for a strong, phlegmatic person with the same complaints was hardly thought of."

Some of the patients complaining of stomach trouble were relieved by a simple change in diet. In other patients the cause of the trouble was thought to be in the nerves or brain, with the stomach distress merely secondary. For these patients, operation was not advised. Doctor Alvarez said further:

"In many cases the inability of the physician to make a positive diagnosis was due to the unwillingness of the patient to remain for a sufficient time under observation or to return when new symptoms appeared. Let us say that a woman has an attack of acute indigestion with pain in the upper abdomen and vomiting. It looks to her and her physician as if she must have eaten some spoiled food. But let her have four such attacks in six months with perhaps a little jaundice after one of them and it becomes obvious even to a layman that the biliary tract is probably diseased. The surest way in which to get a diagnosis is to return each time to the same physician so that he can see the complete picture of the disease; the surest way in which to get poor treatment is to change physicians with each attack and to show each one only one short puzzling episode in a long-lasting, slowly developing chronic disease."—*Victor News*.